| ETP Effective Date: | Click to enter a date. | Date ETP Amended: | Click to enter a date. | Edition Type: | Choose an item. |

Member's Information:

Member's Name (First Name & Last):	Preferred Name:	Member Number (if applicable):

ET Site Information: *(provide information about the location in which the technology will be installed and/or utilized)*

Site Name:	Site Address:	Site Phone Number:	Site Contact Name:
Provider Agency Name:	Provider Agency Address:	Provider Agency Phone #:	County:

Direct Support Backup Contacts (Specify which direct support staff should be contacted as part of the *Backup System Response Plan* – List contacts according to priority order)

Name:	Relationship/Title:	Phone Number:	Notes:

Residential Site Summary:

Describe the member's current living environment and the location of all enabling technology site equipment within the home.

Residential Site Equipment: List the name and type of technology that will be used to provide supports at the member's home. Describe how each technology will be used to support the member. (*An additional blank form with this table is available in the APPENDIX of this plan*)

Name & Type of Technology:	Description of Use:

Community & Employment Site Summary:

Describe the locations and situations in the community and/or workplace in which the member will be using mobile technology supports.

Community & Employment Site Equipment List the name and type of mobile technology that will be used to provide supports for the member in the community and/or workplace. Describe how each technology will be used to support the member. (*An additional blank form with this table is available in the APPENDIX of this plan*)	
Name & Type of Technology:	Description of Use:

Active Technology Support Schedule: (Specify the period(s) of time each day that technology will be actively supporting the member according to its type of usage)							
Type of Usage:	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							
Choose an item.							

Direct Support Backup Response Plans: Provide details on the direct support backup response plan according to the member's Individual Response Plan and Emergency Remote Support Plan *(Enabling Technology Utilization Protocol section C.1-3)* (*An additional blank form with this table is available in the APPENDIX of this plan*)				
Implementation of Enabling Technology Solution - What is the technology device? What are the steps for using the technology (include any 'rules' associated with the technology device)?	**Type of Alert/Notification** (phone call, text, email, customized prompt) **to Which Person** (member, staff, support role, etc.)	**Mandatory Provided Supports –** • What type of direct and/or remote support (in-person, phone call, video conferencing, etc.) should be provided for each alert? • What risk or concern should be addressed as part of this support?	**Response Time –** What is the response time for each alert to assure health and safety of member (use of secondary responder)?	**Documentation Methods –** How is this enabling technology support to be documented?

Enabling Technology Equipment Maintenance Plan:		
Maintenance Duties:	Responsible Team Member	Comments:
Which role/staff person will be responsible for providing monthly maintenance of these technology devices?		
Which role/staff person needs to be contacted to ensure the technology is functioning?		
Describe any procedures for repair, technical support, or replacement of the technology (if needed).		

ETP Submission Information (Who prepared this edition of the Enabling Technology Plan?)	
Name:	
Position & Title:	
Provider Agency:	
Phone Number:	
Email:	
Additional ETP and/or Submission Details (*If Needed*):	

ETP SIGNATURES

Person's Signature – *I participated in developing my ETP. I agree with implementing my ETP as written.*

Signature:		Date:
Legal Representative / Conservator's Signature (if applicable) - *I participated in developing this ETP and/or I agree to implementing the ETP for the person named above:*		
Signature:	Relationship or Role:	Date:

The team members below participated in or contributed to the development of this ETP. The team members below further indicate they understand and agree to implement the supports and services identified in the ETP where applicable.			
Print Name	**Affiliation/Relationship**	**Title**	**Date**

Appendix: Additional Blank Forms

Residential Site Equipment: List the name and type of technology that will be used to provide supports at the member's home. Describe how each technology will be used to support the member.	
Name & Type of Technology:	Description of Use:

Community & Employment Site Equipment List the name and type of mobile technology that will be used to provide supports for the member in the community and/or workplace. Describe how each technology will be used to support the member.	
Name & Type of Technology:	Description of Use:

Direct Support Backup Response Plans: Provide details on the direct support backup response plan according to the member's Individual Response Plan and Emergency Remote Support Plan *(Enabling Technology Utilization Protocol section C.1-3)*

Implementation of Enabling Technology Solution - What is the technology device? What are the steps for using the technology (include any 'rules' associated with the technology device)?	Type of Alert/Notification (phone call, text, email, customized prompt) **to Which Person** (member, staff, support role, etc.)	Mandatory Provided Supports – • What type of direct and/or remote support (in-person, phone call, video conferencing, etc.) should be provided for each alert? • What risk or concern should be addressed as part of this support?	Response Time – What is the response time for each alert to assure health and safety of member (use of secondary responder)?	Documentation Methods – How is this enabling technology support to be documented?